COMMERCIAL / NON-RESIDENTIAL

Permit Fee is \$100 plus \$0.35 SQ FT OF CONSTRUCTION

TOWN OF EDEN BUILDING DEPARTMENT TEL: 716-992-3576 2795 EAST CHURCH STREET FAX: 716-992-4131





BUILDING PERMIT APPLICATION CHECKLIST COMMERCIAL/ NON -RESIDENTIAL		
All of the following items MUST be submitted with this application in order to obtain a Building Permit		
Completed BUILDING PERMIT APPLICATION form		
Proof of Insurance: to comply with General Municipal Law, the applicant/business/entity must provide proof of compliance with Worker's Compensation and NYS Disability Laws		
A copy of the approved Site Plan Which shall include a dimensioned plot plan to an appropriate scale showing all structures, parking areas, roads and access points, including all setbacks, yard separations and building separations. The plot plan shall include details as to landscaping, drainage, sewage disposal and signs, where applicable, and other conditions affecting the parcel.:		
WORKING PLANS- an accurate set of working plans:		
FOUNDATION PLAN		
BUILDING ELEVATION		
 DETAILS & CROSS SECTIONS WHERE APPLICABLE 		
 ELECTRICAL SHOW ALL CODE REQUIRED INFORMATION 		
 MECHANICAL SHOW ALL CODE REQUIRED INFORMATION 		
 FLOOR PLAN – INDICATE USE OF ALL ROOMS 		
 WALL SECTIONS – SHOW STRUCTURAL COMPONENTS 		
 FLOOR/ROOF FRAMING – STRUCTURAL CALCULATIONS REQUIRED 		
 MECHANICL SHOW ALL CODE REQUIRED INFORMATION 		
 INDICATE STRUCTURAL DESIGN CRITERIA AND PROVED CALCULATION 		
Code compliance analysis from designated NYS licensed engineer or architect		
All plans for buildings, structure, or equipment subject to the State Energy Conservation Construction Code must be certified by a licensed professional that the plans were prepared by him and are in compliance with the State Energy Conservation Construction Code.		
Approval from the County Health Department Sewer tap permit if utilizing public water		

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EDEN, NY 14057 EMAIL: Building@edenny.gov



APPLICATION MUST BE COMPLETELY FILLED OUT	(incomplete applications will NOT be accepted)		
I. OWNER NAME ADDRESS	PHONE		
TOWN ZIP APPLICANT IS:Owner Contractor Age	<u></u>		
	PHONE #2		
B. CONTRACTOR INFORMATION NAME ADDRESS TOWN			
4: PROPOSED PROJECT (check all that apply) NEW BUILDING ADDITION ALTERA DEMOLITION RELOCATION SPECIAL OTHER	TION CHANGE OF USE REPAIR PERMIT		
5: PROJECT DESCRIPTION (basic description, use, size and cost of what is being proposed)			
Project estimated cost (estimate only - does not affect assessment) \$ 7. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY (determines zoning user group)			
SEWER: Public New Septic Exis B. WILL NEW CONSTRUCTION INCLUDE:	ting Well None None MBING YES NO		
HEATING YES NO AIR (CONDITIONING YES NO		

9. CONTRACTOR WORK - will need NYS Disability and Worker's Compensation Insurance Certificates

ADDRESS	PHONE
TOWN/ZIP	R/A PE
11. STARTED WORK Has any work included in the app	lication been started or completed YES NO lf YES Explain
12. APPLICATION CERTIFICAT	ON:
establishment of lot lines, disclose	and any other laws which may be applicable that he/she will preserve the all information to the Code Enforcement Officer, and that he/she will not use by the application until a Certificate of Occupancy (CO) or Certificate of ed.
SIGNATURE	DATE
13. INCLUSIONS:	
	uired on the provided checklist <u>MUST</u> be submitted with this application. Y – Application to be submitted to the Town of Eden Clerks Office
TOR OFFICE USE ONE	1 - Application to be submitted to the Town of Eden Clerk's Office
Per	mit Fee= \$100 plus \$0.35 sq. ft. of construction
Payment must be made by Cas	n, Check or Credit Card Check made payable to the Eden Town Clerk
Date Received by Clerk	Amount Credited \$ Cash CC Check #
Application #	Amount Due \$ Cash CC Check #